

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

21830

State File No. \_\_\_\_\_

Registration District No. 398Primary Registration District No. 3019Registrar's No. 187

## 1. PLACE OF DEATH:

- (a) County Jackson  
(b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(Home) 715 Proctor Place  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 53 Years  
years, months or days)

3. (a) PRINT FULLNAME Arthur L. Murphy

3. (b) If veteran, No  
name war. No 3. (c) Social Security No. No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Cora Murphy 6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased 8 7 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 11 4 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Middletown Penn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Dentist

11. Industry or business Dentistry

- MOTHER FATHER { 12. Name Leander Murphy  
13. Birthplace No Record 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Jennie Norton  
15. Birthplace No Record 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cora W. Murphy  
(b) Address 715 Proctor Place  
17. (a) Burial (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director W. L. Cook  
(b) Address 815 W. Maple Ave.  
19. (a) July 12, 1941 (b) W. L. Cook M.D.  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Jackson 1/8  
(c) City or town Independence 5  
(If outside city or town limits, write "RURAL")  
(d) Street No. 715 Proctor Place 5  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 11  
year 1941 hour 6 minute 05 P. M.

21. I hereby certify that I attended the deceased from June  
Second 1941, to July 11, 1941  
that I last saw him alive on July 11, 1941  
and that death occurred on the date and hour stated above.

- Immediate cause of death Complete Heart Block Coronary Sclerosis  
Due to \_\_\_\_\_

- Due to \_\_\_\_\_

- Other conditions (Include pregnancy within 3 months of death) 94W

- Major findings: Of operations \_\_\_\_\_

- Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

- While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. L. Cook (M. D. or other) 9  
Address Independence Mo. Date signed 7/12/41

SEP 29 1941.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*William T. Epley*

Licensed Embalmer No. ....

*4225*

P. O. Address

*Jacks Md*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.